MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP		Claim	IND	DEP	IND	DEP	IND	DEP
1	1							51						
2	1							52						
3		2						53						
4		2						54						
5		2						55						
6		2						56						
7		2						57						
8		2						58						
9		2						59						
10		2						60						
11		2						61						
12		2						62						
13		2						63						
14		2						64						
15		2						65						
16		2						66						
17		2						67						
18		2						68						
19		2						69						
20		2						70						
21	1							71						
22			1					72						
23			1					73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
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33								83						
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36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	38							TOTAL DEP.						
TOTAL CLAIMS	41							TOTAL CLAIMS						

Center column handwritten notations:
23
5/18
23/41